

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

| | | | |
|--|--|---|--|
| NAME OF COMMITTEE (In Full) True Blue Florida | | FEC IDENTIFICATION NUMBER ▼ C C00617696 | |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on | | MM / DD / YYYY 08 / 19 / 2016 | |

| | | | |
|--|-------------|---|---|
| Full Name of Payee Adkins & Associates, Inc. | | Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 18 / 2016 | |
| Mailing Address 121 Alhambra Plaza Suite 1209 | | Amount 24927.82 | |
| City Coral Gables | State FL | Zip Code 33134 | Transaction ID : SE.4167 Date of Disbursement or Obligation MM / DD / YYYY 08 / 18 / 2016 |
| Purpose of Expenditure Direct Mail | | Category/ Type 004 | |
| Name of Federal Candidate Soto, Darren, , | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: 09 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |
| | | 112933.26 | |

| | | | |
|---|-------|---|--|
| Full Name of Payee | | Date of Public Distribution/Dissemination MM / DD / YYYY | |
| Mailing Address | | Amount | |
| City | State | Zip Code | Date of Disbursement or Obligation MM / DD / YYYY |
| Purpose of Expenditure | | Category/ Type | |
| Name of Federal Candidate | | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____ |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |
| | | | |

| | |
|---|----------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 24927.82 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kitchens, James, T., ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 15 / 2016

Signature

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: F24A
Transaction ID :

The Committee is amending this report to replace estimated amount reported with the actual amount invoiced/paid.

Form/Schedule:
Transaction ID: